

How to Use Your Rights Under This Notice

If you want to use your rights under this notice, you may call us or write to us at:

PRC Privacy Officer
1022 Heyl Rd.
Wooster, OH 44691
800-262-1984

If your request to us must be in writing, we will help you prepare your written request, if you wish.

Complaints to the Federal Government

If you believe that your privacy rights have been violated, you have the right to file a complaint with the federal government. You may write to:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, Ill. 60601

Voice Phone (312) 886-2359, FAX (312) 886-1807, TDD (312) 353-5693.

E-mail OCRComplaint@hhs.gov

You will not be penalized for filing a complaint with the federal government.

Complaints and Communications to Us

If you want to exercise your rights under this notice or if you wish to communicate with us about privacy issues or if you wish to file a complaint, you can write to us at the PRC Privacy Office listed above. You will not be penalized for filing a complaint.

Additional Information

More detailed versions of this notice can be found at our website at <http://www.prentrom.com/hipaa> at our plant location. You have the right to receive additional copies of the detailed notice at any time by contacting any of these representatives.

This notice is available in other languages and alternate formats that meet the guidelines for the Americans with Disabilities Act (ADA).

Esta notificación está disponible en otras lenguas y formatos diferentes que satisfacen las normas del Acta de Americans with Disabilities (ADA).



Prentke Romich Company · 1022 Heyl Road · Wooster, OH 44691
Main: (800) 262-1984 · Sales: (800) 262-1933 · www.prentrom.com

NOPP 11/27/12 adn

Prentke Romich Company

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.



Understanding the Type of Information We Have

We get information about you when you purchase products from us. It includes your name, date of birth, sex, financial information, insurance information and other personal information. We also get enrollment information from your health insurers and medical information from your other health care providers that has information about your condition, diagnosis and treatment.

Our Privacy Commitment To You

We care about your privacy. The information we collect about you is private. We are required to give you a notice of our privacy practices. Only people who have both the need and the legal right may see your information. Unless you give us permission in writing, we will only disclose your information for purposes of treatment, payment, business operations, when we are required by law to do so, or for the other reasons listed below.

- **Payment:** We may use and disclose information so the care you get can be properly billed and paid for. For example, we may send your health insurer a bill for our services that explains the services you received and why.
- **Treatment:** We may use and disclose information to those identified in your documentation and who are involved in your medical treatment so that we can obtain prior authorization and/or precertification before providing your prescribed equipment.
- **Business Operations:** We may need to use and disclose information for our business operations.
- **Reminders:** We may contact you to give you information about your device purchase.
- **As Required By Law and for Other Government Functions:** We will release information when we are required by law to do so or for other government functions. Examples of such releases would be for law enforcement or national security purposes, subpoenas or other court orders, communicable disease reporting, disaster relief, review of our activities by government agencies, to avert a serious threat to health or safety or in other kinds of emergencies.
- **Family and Friends:** We may disclose your information to family members, friends or others you identify to the extent it is relevant to their involvement with your equipment purchase or payment for your care.
- **With Your Permission:** If you give us permission in writing, we may use and disclose your personal information for purposes you list. If you give us permission, you have the right to change your mind and revoke it. This must be in writing, too. We cannot take back any uses or disclosures already made with your permission.

Our use and disclosure of your personal health information must comply not only with federal privacy regulations but also with applicable Ohio law. Ohio law provides different protections to your personal health information. For example, Ohio provides extra protection for sensitive information, like HIV/ AIDS information and mental health information.

Your Privacy Rights

You have the following rights regarding the health information that we have about you. Your requests must be made in writing to us at Prentke Romich Privacy Officer, 1022 Heyl Rd., Wooster, Ohio 44691.

- **Your Right to Inspect and Copy:** In most cases, you have the right to look at or get copies of your medical records. You may be charged a fee for the cost of copying your records.
- **Your Right to a List of Disclosures:** You have the right to ask for a list of certain disclosures made after April 14, 2003. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family, or information that was sent with your permission. It will not include information released without your name or other data that would identify you.
- **Your Right to Request Restrictions on Our Use or Disclosure of Information:** You can ask for limits on how your information is used or disclosed. We are not required to agree to such requests, but can if we believe it is reasonable to do so.
- **Your Right to Request Confidential Communications:** You have the right to ask that we share information with you in a certain way or in a certain place. For example, you may ask us to send information to your work address instead of your home address. We will do our best to accommodate such a request.

Changes to this Notice

We reserve the right to revise this notice. A revised notice will be effective for medical information we already have about you as well as any information we may receive in the future. We are required by law to comply with whatever notice is currently in effect. Any changes to our notice will be published on our web site. Go to <http://www.prentrom.com/hipaa>. If the changes are material, a new notice will be posted in our facilities before it takes effect.